

Enrollment & Education Sub-Committee Notes

9/01/04

3:00 – 5:00

Everett Public Library

Present: Brett Lawton, Gail Martin, Kristi Knudsen, Chris Imhoff, Randall Downey, Claudia St. Clair, Jerry Fireman, Bob Quirk, Ann Vining, Katie DeVore, Randy Burge, Eleanor Owen

FOCUS GROUPS:

As of 9/1 one focus group had been held in the Everett CSO. Eight clients signed up to be part of the 9/1 focus group through DSHS recruitment efforts, but only two clients showed up.

Summary of 9/1 focus group:

1. Initial Reactions to the Guide – Both clients said they would open and read the material the same day.
2. Purpose of the Guide – Both clients understood the cover letter was informing them of a new health care system.
3. Purpose of the Guide – Both clients understood they needed to call to drop out by December 15th or do nothing and be enrolled in the new delivery system on January 1, 2005.

Client #1, who did not want to be enrolled in WMIP said she would mail in the exemption request form and make the call just to make sure she was not enrolled. She said she would do both right away.

Client #2, who thought being enrolled in WMIP might be a good idea, said she would also do both, (mail-in the form and make the call), if she wanted to disenroll.

4. Using the Guide to Make a Decision – Both clients said question #1 – “Will I be able to see my health care providers, who are important to me, if I switch to Molina Healthcare?” was the most important question.

Client #1 said question #3 “Do I have more health problems than most people?” was also important and indicated she would use both to make a decision.

5. Questions about the Guide – Both clients understood they did not have to be in WMIP. They had a choice.

Both clients understood they needed to check with their doctors if they wanted to keep them if they joined WMIP.

Client #1 indicated she did not need a care coordinator because her primary care physician was able to coordinate her care already.

Client #2 thought a care coordinator would be helpful to have, especially since she sees a different doctor all the time. She thought a care coordinator would help her get more preventive care and more mental health treatment.

Both clients thought it was important to have the benefits listed in the guide. They read them carefully and referred to them during the course of the interview.

6. Overall Questions about the Guide – Both clients thought the amount of information in the guide was about right. Client #1 wanted a list of available doctors attached to the guide.
7. Colors, Design and Formatting – Both clients preferred the peach colored paper. Client #2 said the peach color would make it easy to find in case she needed it later.
8. How Do You Want Information - Both clients wanted the guide sent to them with all the information so they could use it as a reference.
9. Making a decision - Client #1 does not usually ask for help in making a health care decision, but thought she might go to her primary care physician if she needed to ask for help.

There are three more focus groups scheduled to test the enrollment guide on September 13th and 14th. Twenty-four clients have signed up to be part of the 9/13 and 9/14 focus groups through DSHS recruitment efforts, (eight in each group).

Information from the 9/1 focus group will be used to make revisions and improvements to the guide before the next three rounds of testing.

Assignment: Becky will incorporate client suggested changes to the guide before the next three focus groups.

Assignment: Becky will send out the next version of the guide to sub-committee members on the 10th.

Assignment: Sub-committee members have until September 15, to provide input on the guide and its contents.

ENROLLMENT & EDUCATION MATERIAL:

Suggestions for Improvements and Revisions:

1. There is nothing in the guide that explains why DSHS is changing the health care delivery system. The subcommittee felt a paragraph should be added to the front page.
2. Randy Burge said the material was still too complicated for most of his DD clients. He felt they would need help in making an informed decision.
3. The page on Mental Health and Long-term care should be separated from Alcohol and Drug Treatment information and be given a more prominent title.
4. The sub-committee felt more emphasis is needed on LTC services, such as Personal Care, MPC, COPEs, etc.
5. The sub-committee felt that more information is needed regarding the phase-in of LTC and Mental Health. The current guide does not offer enough information for clients to make an informed choice.
6. The sub-committee preferred the peach colored paper, but suggested that only the front and back page of the guide be peach, while the inside remained white. Highlights and shading show up better on white paper.
7. Eleanor provided some written suggestions to better explain why the program was being implemented.

Assignment: Kristi will add Long-term care page to the guide, explaining the client's choices concerning phase-in and provider selection. The page will emphasize the different services LTC is responsible for.

Assignment: Chris will write a Mental Health page to be added to the guide, explaining the client's choices concerning phase-in and provider selection.

Assignment: Becky will add paragraph to the guide explaining why DSHS is changing the health care delivery system. She will use Eleanor's language as a starting point.

PROVIDER EDUCATION:

Suggestions from the sub-committee:

1. Provide a detailed package for case managers, including talking points on advising clients on how to make a good decision.
2. Provide a Questions and Answers handout or a Frequently Asked Questions handout.
3. Make sure the provider network is available on the website.
4. Provide a back door to Molina – a name of somebody they can contact with questions about WMIP.

Molina and DSHS will provide joint training for providers in October.

Assignments: Brett will be calling Bob Quirk, Randy Burge, and Jerry Fireman to set up a training schedule with their respective organizations.

Assignment: Becky will check with Molina regarding the name of somebody specifically assigned to answer WMIP questions.

MISCELLANEOUS:

Sub-committee members expressed their frustration with DSHS on the following items:

1. The timeline for implementing WMIP is too fast.
2. DSHS has not been responsive to adding LTC information to the guide
3. DSHS has not been responsive to adding Mental Health information to the guide.
4. There is not enough information in the guide to help clients make an informed choice concerning the phase-in of LTC and Mental Health.
5. There are not enough resources in DSHS devoted to providing the necessary one-on-one training for enrollment and education.
6. DSHS staff for the sub-committee have no authority to make the necessary changes to WMIP program that the sub-committee feels are necessary.